

Grant Record Change Form For Students Cal Grant Program

Award Year
_____/_____
(e.g) 2003 / 2004)



Please read instructions on the reverse side before completing. Print or type all information.

Complete this form to notify the California Student Aid Commission (Commission) of any changes in your name, social security number, address, school, or to request a leave of absence.

SECTION I. STUDENT INFORMATION

1. Student's name (Current last, first, middle initial)

Last Name	First Name	MI
If this is a name change, please print PREVIOUS name in shaded box and attach a copy of the driver's license, SSN card or marriage certificate.		

Last Name	First Name	MI
2. Social security number - If submitting a correction, please print the INCORRECT NUMBER in the shaded box and attach a copy of the correct SSN card.		
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3. Date of birth	4. Telephone number - where you can be reached during the day
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5. Address: Is this an address change? ☐ Yes ☐ No

Street address	City	State	Zip code
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SECTION 2. SCHOOL CHANGE

6. Change of school: I wish to change my school of attendance. Indicate the date for which you are requesting a school change (e.g. August 2004).

School name	City	Date
7a. School change effective (check one):	<input type="checkbox"/> Fall term <input type="checkbox"/> Winter term <input type="checkbox"/> Spring term	<input type="checkbox"/> Summer term
7b. I plan to reside (check one):	<input type="checkbox"/> On campus (dorm) <input type="checkbox"/> Off campus (apartment, etc.) <input type="checkbox"/> At home with parents or relatives	

SECTION 3. LEAVE OF ABSENCE REQUEST A leave of absence or series of leaves which total more than the equivalent of one academic year, may not be approved. The Commission may grant extended leaves in exceptional circumstances. You may refer to your Cal Grant Reference manual for more information on the leave of absence policy. Please attach supporting documents (such as a doctor's note) to request any leave in excess of one academic year.

8. School of attendance or most recent attendance	Date and term last attended
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I request a Leave of Absence for the following term(s): Check box(es) ☐ Fall term ☐ Winter term ☐ Spring term

Indicate exact dates for which you are requesting a Leave of Absence: From:_____ To:_____

9. Briefly state your reason(s) for a leave of absence: (please print or type — attach additional pages or documentation if necessary)

SECTION 4. STUDENT'S SIGNATURE (YOU MUST SIGN AND DATE THIS FORM)

10. Signature (I certify to the best of my knowledge that this information is true and correct.)

Instructions for Completing the Grant Record Change Form for Students

Section 1 — Student Information (This section and Section 4 must be completed)

1. Enter your name (current last, first, middle initial). If you indicated a name change in question #1, please provide your **previous** name (last, first, middle initial) in the shaded box. Remember to print or type clearly.
2. Enter your social security number. If your social security number is a change from Commission records, enter your correct number and *attach a copy of your social security card*.
3. Enter your date of birth (month, day, year).
4. Enter your telephone number, including area code.
5. Check "Yes" if your address is different from the Commission's records. Check "No" if your address is the same as the Commission's records. Enter your street address, city, state and five- or nine-digit zip code.

Section 2 — School Change

6. If you wish to change your school of attendance, enter the school's name, city and date effective. **A change in school choice may effect your eligibility for an award.**
- 7a. Enter the term the change in school choice is effective.
- b. Check whether you will live on campus, off campus, or at home with parents or relatives.

Section 3 — Leave of Absence Request

8. Enter the school you attend or have attended most recently and the date and term you last attended (e.g. 12/03, Winter 2003). Also enter the terms for which you are requesting a leave of absence (e.g. Fall semester), and the exact date for which you are requesting a leave of absence (e.g. 9/15/03 to 12/15/03).
9. Print or type the reason(s) for your leave of absence request.

Section 4 — Student Signature (To avoid delays, sign, date, and mail or fax this form as soon as possible.)

10. Your signature certifies to the best of your knowledge that this information is true and correct.
Providing false information may result in the withdrawal of your award.

If you have any questions concerning this form, you may contact the Commission's Customer Service Branch by calling (888) 224-7268 or, via e-mail at custsvcs@csac.ca.gov. Our office hours are 8:00 a.m. to 4:50 p.m., Monday through Friday, except Thursday. Office hours on Thursdays are 9:00 a.m. to 4:50 p.m. You may fax a copy of the form to (916) 526-8002 or mail your form to:



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